

State of New Jersey • Division of Pensions & Benefits (NJDPB) State Health Benefits Program • School Employees' Health Benefits Program

HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION FORM

For State Centralized Payroll Employees

<u>EM</u>	PLOYEE INFORMATION		
Emp	oloyee Name:		
•	Last	First	Middle Initial
Social Security # :		Payroll # :	Date:
PA	YROLL REQUEST		
	I authorize the State of New Jersey to deduct the Health Savings Account (HSA) contributions identified below on a pre-tax basis beginning no earlier than the date my HSA medical plan will become effective. The funds are eligible to be deposited into my Health Savings Account. Contributions are subject to federal limits. Annual limits for 2017: \$3,450 for individuals; \$6,900 for families.		
	Note: Employer contributions to your HSA count toward the annual limit.		
	Additional allowable contributions for individuals between the ages of 55 - 65: \$1,000 for the account holder only.		
	Please fill in the desired amount below.		
	Per Pay Period:		
	Contributions will begin after your HSA bank account has been opened with the banking institution selected by your provider.		
	Cancel deductions for the Health Savings Account from my paycheck.		
HE	ALTH PLAN		
Hig	h Deductible Health Plan (HDHP)	(Choose one from below)	
	☐ NJ DIRECT HD4000	☐ Aetna Value H	D4000
	☐ NJ DIRECT HD1500	☐ Aetna Value H	D1500
Co	verage Level (Choose one from	below)	
	☐ Single	☐ Member and S	Spouse/Civil Union Partner
	☐ Family	☐ Member and [Domestic Partner
	☐ Parent and Child(ren)		
Em	ployee Signature:		Date:

Please return the completed form to:

NJ Department of the Treasury OMB — Centralized Payroll P.O. Box 207 33 W. State Street, 2nd Floor Trenton, NJ 08625-0207